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10281 U.S. PTO

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PTO/SB/05 (12/97)

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| <b>Utility<br/>Patent Application<br/>Transmittal</b><br><small>(only for nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.              | AI 254 D1 | DATE | December 5, 2003 |
|   | Inventor (s)<br>Kazutaka SHIBATA |           |      |                  |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>Assistant Commissioner for Patents</b><br><b>ADDRESS TO:</b> Box Patent Application<br>Washington, DC 20231 |   |                |                |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 46]<br/>(preferred arrangement set forth below)<br/>- Descriptive title of the Invention<br/>- Cross References to Related Applications<br/>- Background of the Invention<br/>- Brief Summary of the Invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 5]</p> <p>4. Oath or Declaration [Total Sheets 3]<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)<br/>(for continuation/divisional with Box 17 completed)</p> <p>[Note Box 5 below]</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> |  | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Copy<br/>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br/>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |                |                |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |   |                |                |
| <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Copies Of Information Disclosure Statements (IDS)/PTO-1449 from parent Application <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>15. <input checked="" type="checkbox"/> Copy of Certified Copy first page of Priority Document (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other: <u>Associate Power of Attorney.</u></p>  |  |   |                |                |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information:<br><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/284,134  |  |   |                |                |
| <b>18. CORRESPONDENCE ADDRESS</b>  |  |   |                |                |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below   |  |   |                |                |
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